

OCTOBER 9, 2008

Meeting Summary

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***Special Notes from Julie (Facilitator):**

- This summary includes answers to the three questions posed at the October 9th meeting for all sanitarians. The lists include all answers, including duplications
- The lists are also lumped together, rather than separated by group.
- I wrote everything down that came from the “raw data” just as it was written, including spelling, abbreviations, acronyms, etc. If I was unsure about the handwriting, or the idea, I did the best I could.
- Any/all feedback is welcome regarding any changes/additions/deletions.

Group Norms/Communication Ground Rules (for all groups)

- Focus on problems, not people
- No sidebar conversations—one person at a time—allow others to speak
- Be completely honest and straightforward
- Facilitator should keep people on track
- All ideas/problems are respected even if you don't agree
- Consider the entire system, not just the section
- Patience so recorder can accurately record what is said
- Speak loud enough to be heard/monitor volume

Question #1: What are the most critical issues facing the Food and Consumer Safety System in Montana?

- FCSS not given help to look for grant funding that may be available
- Loss of credibility and respectability of FCSS staff leads to loss of morale. Symptoms of dysfunctional unhappy people.
- Lack of leadership role in system to bring 56 jurisdictions together
- Still trying to have one pathway for very different local jurisdictions (i.e. very small vs. very large)
- Lack of collaborative efforts between locals and state before decisions made at FCSS regarding programs
- Need to build “new vehicle” not repair “old vehicle,” think out of box, unrepairable, needs to be replaced
- Lack of good rulemaking/policy making process
- Too program oriented staff, rather than all public health, environmental health. Turf driven.
- Inadequate FTE to meet statutory requirements

- Inadequate understanding of FCSS from supervisors on up through mgmt/admin and governor's office
- Vulnerable to legal consequences because not meeting statutory requirements
- Inadequate communication—fear of communicating upward and outward because not able to do everything expected
- Funding, communication, lost in bureaucracy of state GOVT: disables the system
- System hasn't kept up with changes/needs of locals—modernization
- Lack of available sanitarians and funding for them—triggering districting
- Montana logistics problem
- Lack of communication from the state (Example: Job vacancies)
- Adam (new): Enforcement backing from FCSS to help counties with local issues
- DPHHS vs. DEQ and how our departments need to work with both divisions. There needs to be unification or at the minimum communication. PROBLEM: Cohesiveness and LACK of communication
- Retention of experienced help in Helena. No Institutional Memory.
- Lack of pay to retain people
- Working environment appears to be hostile. PROBLEM: Not a supportive environment to work in
- Not adequate support from leadership from leadership. Section heads not allowed to make decisions (at the state level)
- Lack of adequate funding for the program and unwillingness to support changes in fees
- Licensing system confusion (computer). Inadequate technical support and people support
- One stop (not good communication)
- Out of date rules and fear of trying to update. No consistency or clear way to update the rules.
- FCSS is such a small portion of DPHHS. Not getting the attention. Public Health may need to be a separate entity from welfare, etc.
- Not able to participate in legislative process
- One person covering each program for the entire state. And that person usually has multiple jobs within the program.
- Job of sanitarian is not well understood at a state or local level.
- Need support for S.I.T.'s in single counties from the state level.
- Regional coverage is an issue. (example—DEQ has more regional coverage)
- Support of local counties, not compliance
- No concrete rule about reimbursement for inspections
- Lack of communication between FCSS and DPHHS decision makers
- Lack of confidence on part of the counties in DPHHS/FCSS
- Keeping personnel/retention, consistency in staffing, adequate salaries to attract and keep competent staff. Inability to sustain programs/complete projects (standardization, Garrison), communication—virtually no communication between FCSS/DPHHS and counties, mix-ups with local fee reimbursements, local numbers don't match/reconcile with state reimbursement \$, lack of confidence in FCSS ability

- Coordination is messy between One-Stop FCSS, & locals
- Difference between inspection year and fiscal year
- Lack of leadership and direction from FCSS
- Limited staff availability to move things forward
- Need more support for enforcement of delinquent licenses
- FCSS seems to lag behind other states and even some MT counties
- When there is no “go to” person at FCSS, locals go directly to FDA/CDC and that creates friction and FCSS gets “left out.”
- Limited support for new field staff/lack of training for single sanitarian counties
- Failure to communicate with other state programs/divisions/departments (liquor division, DEQ...)
- Environmental programs at the state agencies/programs/division—there is no “state environmental health director”
- Feeling of frustration makes working together difficult
- Limited interaction so any interaction is controversial
- Even when FCSS staff has a good idea locals don’t listen
- Lack of involvement on a regular basis causes problems or questions of “why should they be involved”—When do they show up?
- FCSS Staff doesn’t communicate well or get along with each other, so how can they get along with us?
- Lack of communication with DEQ (i.e. sewer, water)
- LACK of Communication with ALL other Related Agencies (Livestock, AG, Justice, Labor, FDA, USDA)
- No Central Contact for Licensing ?/Problems
- Lack of experienced STAFF
- High Turnover
- Low Pay
- NO OVERSIGHT of Local Programs
- Insufficient STAFFING levels
- Lack of Training
- No Standardization
- Lack of Communication
- Lack of understanding Roles and Responsibilities
- Lack of Qualified MGT
- Why—Lack of Comm with DEQ. ’95 ReORG Didn’t Work! Separated laws, Reduction of PHS staffing and Funding, Files lost/destroyed, enforcement Muddled, loss of state Board of Health and Health Officer, No Clear Path for Compliance issues, Environmental health got lost in the new DPHHS Public Health Agency, dilution and confusion of standardizing training between PHS and DEQ
- At what point is state responsible and at what point is county responsible for establishments (unpaid fees)
- Funding state staff for FCSS
- Funding local jurisdictions

- Replacing retired or leaving sanitarians with qualified people
- Input from all counties on FCS policies or program direction
- Legal support on the county level and state level
- Inconsistency at county level in support
- No consequences to repeating infractions (same violations)
- A need to streamline enforcement process
- Instruction/guidance on how to form a city-county health department
- Guidance on create ordinances (and establishing fees)
- Inactivity of Board of Health, getting involvement
- Structure of Board of Health not following statute
- Commissioners acting as Board of Health
- Not utilizing state, and lack of communication o counties' needs to state
- Lack of administrative help on county and state level
- Dysfunction of communication within FCSS
- Keeping current on form versions and rules
- Consistency in agency rules/requirements
- Political fear to have fees match the cost
- Getting standardization done for all programs
- Counties are not utilizing each other's expertise
- Limited resources and extensive responsibilities
- We need to know what counties really want from us. State staff thought they were really extending themselves.
- Rules and statutes don't reflect current knowledge regarding risk
- Time does not permit performing land use verification (time intensive) as part of trailer court inspections
- License renewal system is not proactive, so est (?) can for years without renewing
- Late fees for license renewals doesn't incentive (?) payment
- Difficulty between state and local records regarding what licenses have been completed
- Programs are more than inspections. Lower risk facilities may be less important to do than high risk
- Current payment scheme doesn't allow judgments about addressing highest risk first
- Policies should be in writing
- We don't disseminate legal opinions among counties for more uniform enforcement
- Daycare rules cross over several agencies, so things are missed, forgotten, thought to be someone else's job—QAD, PHSD, LHD, CACFP
- Not enough time, money or focus on outbreak prevention (risk management)
- Public accommodations are serving food without food license. Currently statute doesn't allow us to require food license.
- Nonpublic water supply issues blur between DEQ and FCS—particularly important for food est, trailer cts and public accommodations or any type of biz
- Workforce shortage—not enough sanitarians

- SIT requirements unclear
- Enforcement options are very weak—legal system too busy
- Data systems—there is a need for computerized inspections. Problem is time-intensive to get it started in county—have to load in 2 places. Hard for counties to get it done. License mgr and inspection mgr—not connected
- Licenses and inspection processes overall are disconnected
- Locals are moving to other (non Garrison) electronic systems
- Gold, Garrison, SABHRs—currently don't connect
- Disconnect exists between 1-stop, state, local
- Statutes define work for other branches of government that LHDs have no authority over—so public gets put between agencies
- Local HDs are out of loop on one-stop licensed facilities. Biz can believe they are ready to open without major parts of process being done
- Workload is focused in 2-mo. period because licenses all expire at once
- Checklists for business owners are not used consistently
- Penalties for noncompliance are just not enough (some choose to pay)
- Manufacturing and processing info cannot be shared (by federal law) between state and locals.
- Plan review by locals are done without understanding much about the process (i.e. temps required etc.) that was approved.
- Listing of products is not always shared with locals and this can/should be. We're not effective if a single agency with all the necessary info isn't doing both.
- Concern that department will be sunsetted if do not improved
- Lack of leadership
- Lack of support to local levels
- Failure to respond to local questions in timely manner
- Failure to be accurate and valid in responses
- Allowing counties that can administer own program to do so
- Need to define role of FCSS
- ARM and statutes---need to mirror each other
- ARM and statutes need teeth—legal support
- Inconsistency in information from FCSS staff—hear from some not others
- Inconsistency in informatics—all aspects from/venues/amount
- Lack of field support for FCSS to come to county levels
- Need more staff
- FCSS has too many programs—need additional staffing
- Accountability that actions take place as a result of this effort (study group)
- Lack of field training to local on all programs
- Failure to engage industry as partner
- Lack of fiscal responsibility—licensing program, best use of staff FTE
- FCSS should be experts in their field
- Lack confidence in staff
- Staff turnover
- Staff salaries not attractive

- Staff compensation does not attract qualified personnel
- Staff does not play well together
- When staff vacates then functions are lost
- Lack of qualified management
- One-Stop does NOT work—Historic background, study of if this works. We want facts/data
- Pet project of Governor Racicot—no ownership of this project
- Unfounded mandates assigned to FCSS trickle down to local level
- Educate MACO and industry about FCSS programs and their value to gain support—financial support, staffing support]
- Study of standard training plan/Get plans (?)
- Organizational Chart—Who does what?
- Past History—Are we (FCSS) where we belong
- Job Descriptions for each state staff

Question #2: If you personally were in the study group—What information would you want available to you?

- Information from other states on how their systems operate—invite key people to come and discuss (agencies or organizations)
- Assessment of existing conditions
- Evaluation of existing conditions
- Legislative audit assessment from 1990's
- Do we have the right people at the table
- (to gain input) verifying communication network
- cost of doing programs—current and projected
- what are the goals of this study group
- Fee distribution to counties
- Costs to county to run programs
- Cost-benefit analysis of inspections
- Consistency of state rule requirements between state-federal agencies (example: school inspections)
- Statutes and rules to determine responsibilities
- County policies on issues
- Current options for funding
- Getting as much input from every county sanitarian as you can
- Public opinion of the system (county and state)—public satisfaction
- The process of the study group, including implementation, conclusion, maintenance
- History of structure of FCSS, evolution from DHES to DEQ/DPHHS
- Current structure/make-up of FCSS/DPHHS staff and roles
- Current capabilities to support section—funding levels/funding sources

- How will FCSS staff be involved/allowed to give input without fear of consequence
- What are DPHSS agency priorities—Where do “environmental health” programs fall on the list?
- Are there other potential sources for funding FCSS
- Are there models of “functioning” state programs—examples to learn from
- Understand expectations of members
- Results from assessments/reviews of program/rules/etc.
- List of statutorily required work tasks.
- Knowledge of management setup in local and state groups (FCSS, HD). Decision Tree including BOH, Commissioners
- Funding levels—total \$ to run programs and where sit (?) with whole DPHHS dept.
- Study Group needs “job description.” What are they expected to do. Who can they contact or not. What is their “end product?”
- Accurate survey of compensation/salaries in region. What is a competitive salary?
- Process of changing statutes/rules
- How regional state structures differ in Food and Consumer Safety Systems from Montana
- How and when FCSS interact with other state agencies. Dept. Livestock, Building Codes, DEQ, Dept.Ag. Fire Marshall, OPI
- Degree of Industry support and general honest feelings towards FCSS system in MT
- Unbiased data on health risks per programs and critical issues and problems that justify program need
- History of why the change was made from DEQ and FCSS being in one department to FCSS being part of DPHHS. Has the changed helped FCSS? How is it affecting county offices?
- Hear from One-Stop—How can we pull Food and Consumer section programs out of one-stop.
- How are other states set up? Where is their food and consumer section—DEQ? DPHSS? Information on neighboring states—survey how they are handling licensing, payment, etc.
- What are the perceptions of Food and Consumer Safety sections about the problems since they are in the thick of things!
- Ask people who have left why they have left. Do they have suggestions?
- Chris Deveny’s assessment report—Get it out early—NOW
- Financial info about \$ collected and pd by LBIF
- AMPHO survey results
- AMPHO/MACO Fee change status
- Nonpublic water supply group status report—Steve Kilbreath
- Get DEQ at the table—Joe Meek?
- Synopsis of what’s happened so far with NW Sanitarians/PHHS so far
- Clear purpose/mission to keep us on task and protecting public health

Question #3: What suggestions do you have for making the FCSS group a success?

- Have open minds, patience, sense of humor, respect, creativity
- Study Group must have support from FCSS, local HD, sanitarians—will have to sell themselves to the rest of the group/state
- Recognize this is a serious problem that needs to be addressed
- Moratorium on anything new (program wise) coming out of FCSS for duration
- Will need ability to deal with/respond to negative criticism from outside in a timely manner
- Remember the need to think about the “greater good”
- Ability to remain energized and on task—support from various work/home offices to do this work
- Honesty and commitment to implement the suggestions
- Continued involvement with MEHA
- Listserv to discuss
- Timeframe and a GOAL
- Ways to measure success.
- Ensure representation of all areas of state and size of county over time. (If someone leaves will they be replaced?)
- Seek out opinions from areas not being well represented on the group (usually small or multi-county)
- Consistency in running the meetings. Efficient use of time. DPHHS needs to prepare for the meetings (as well as those involved)
- Give FCSS staff an opportunity to give honest input without fear of repercussion
- Active participation from all members
- Objective assessment of system
- No preconceived ideas of solutions
- Open-minded
- Ensure all parties are represented
- List of all Reg./Laws—Who is responsible for enforcement?
- Budget information—understanding process, legislative process, rule making process—off-shoot of authority from legislature
- Information from industry—how can things be better working w/Gov?—industry can self-regulate but public health not their priority
- If participants do not regularly attend then OFF group.
- If upper management is the problem then they will support recommendation.
Note: Jane/Joan will support final recommendation—Must be a valued study ☺
- Facilitation process must aid groups
- Everything is open topic to discuss
- No limitations
- Process must result in tangible change—Sit down and write an “ideal”-“gold program” for FCSS (maybe not even a FCSS program but Board of Health rules to protect public health—People get sick and our purpose is public health
—forget all problems in the past
--tell Leg. “no” and forget about pleasing and do what we have to do

- Perseverance
- Legislators, Board of Health and Commissioner support
- Including legislator, MACO, Boards of Health, Health officer in study group
- Commitment of Division Administrator, Bureau Chief, DPHHS legal counsel,
- Come up with solutions and make correction set goals
- Plan for adequate funding for solutions for now and future
- Provide adequate funding for study group participants
- Support and input from all counties
- Support and input from all FCSS staff
- Representative from industries—restaurant association, B & B association
- Specific rules to function under (ground rules)
- Facilitated meetings
- Have fun
- Meet more often than less
- Move meetings around—city
- Have meetings in neutral locations—i.e. not in Cogswell Building
- Look at issues, prioritize and start working on some
- Stay constructive, let's not attack, find solutions
- Transparency, make clear what is wanted so not a guessing game
- Frequent reiteration of mission
- Look at how we expend our limited resources—some things may need to go away
- Keep an open mind—we can redesign the system and not be bound by what exists. Focus on public's health.
- Send the group through Investment in Excellence
- Use the experience of the group to brainstorm